

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE LIBERTY COALITION</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575118																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Amagi Strategies</b> [MEMO ITEM] Ultimate payee for list is SCM Enterprises, 203 South Union Street		Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M		11			D	D		02			Y	Y	Y	Y	Y	Y						
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Purpose of Expenditure Reimbursement for list purchase for electronic communications		Category/Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>11</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>02</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	M	M		11			D	D		02			Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Donald, Trump, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																								
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>7500.00</td></tr> </table>	7500.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																							
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>0</td></tr> </table>	0
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(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alexander, Hornaday, , ,

[Electronically Filed]

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE LIBERTY COALITION</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00575118
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Amagi Strategies</b> <input checked="" type="checkbox"/> Ultimate payee for list is SCM Enterprises, 203 South Union Street		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 424 E 10th Street 3d		Amount <b>1050.00</b>	
City New York	State NY	Zip Code 10009	Transaction ID : <b>WFT2016102142-1</b>
Purpose of Expenditure Reimbursement for list purchase for electronic communications		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate Ron, Johnson, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Amagi Strategies</b> <input checked="" type="checkbox"/> Ultimate payee for list is SCM Enterprises, 203 South Union Street		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>	
Mailing Address 424 E 10th Street 3d		Amount <b>1200.00</b>	
City New York	State NY	Zip Code 10009	Transaction ID : <b>WFT20161021426-1</b>
Purpose of Expenditure Reimbursement for list purchase for electronic communications		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate Rand, Paul, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>KY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>0.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Alexander, Hornaday, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 02 / 2016**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>CONSERVATIVE LIBERTY COALITION</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00575118         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <b>Amagi Strategies</b> <input checked="" type="checkbox"/> Ultimate payee for list is SCM Enterprises, 203 South Union Street Mailing Address 424 E 10th Street 3d City State Zip Code New York NY 10009		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 02 / 2016 Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1050.00</div> <b>Transaction ID : WFT20161021430-1</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> 11 / 02 / 2016
Purpose of Expenditure Reimbursement for list purchase for electronic communications Category/Type	Name of Federal Candidate Tim, Scott, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: SC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1050.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

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Purpose of Expenditure Reimbursement for list purchase for electronic communications Category/Type	Name of Federal Candidate Lee, Mike, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: UT	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1050.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;">0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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Alexander, Hornaday, , ,

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Signature

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PAGE	4	OF	4
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Purpose of Expenditure Reimbursement for list purchase for electronic communications		Category/ Type																									
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(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>0.00</td><td></td></tr></table>																							0.00	
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Signature